

985

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 168	
County of <u>Eliz.</u>	District of <u>Hayden</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Hayden</u>	City of <u>Hayden</u>	Co. Registrar's No. 212	
(No. _____) St. _____ Ward _____		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Francisco Fredrick Acedo</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>April 25</u> 191 <u>9</u>	Month	Day
FATHER		MOTHER	
Full Name <u>Francisco Acedo</u>		Full Maiden Name <u>Erlinda Sanchez</u>	
Residence <u>San Pedro Ariz.</u>		Residence <u>San Pedro Ariz.</u>	
Color or Race <u>Mex.</u>	Age at last Birthday <u>33</u> Years	Color or Race <u>Mex.</u>	Age at last Birthday <u>31</u> Years
Birthplace <u>Sonora Mex.</u>		Birthplace <u>Sinaloa Mex.</u>	
Occupation <u>Labour</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>April 25</u> 191 <u>9</u> , at <u>Hayden, Ariz.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Donald S. Wood M.D.</u>	
Given or Christian name added from a supplemental report _____ 191 <u>9</u>		Address <u>Hayden, Ariz.</u>	
616-425-522		LOCAL REGISTRAR	
COUNTY REGISTRAR.		COUNTY REGISTRAR	